

**CITY OF FOND DU LAC
MEDICAL SERVICES WORK INJURY FORM**

CITY OF FOND DU LAC EMPLOYEE, _____, REPORTED AN INJURY
ON _____ WHILE AT WORK FOR THE CITY OF FOND DU LAC. THE NATURE OF
THE REPORTED INJURY TO BE TREATED IS _____.

Please forward all bills to the following address:

**UNITED HEARTLAND
PO Box 40790
Lansing, MI 48901-7990
1-800-258-2667**

The City of Fond du Lac is committed to preventing workplace injuries, controlling injuries that do occur, and providing modified duties after an injury. We offer many types of alternative work and/or transitional work which allow the injured employee to work within their medical restrictions. Our belief is that it is in the best interest of the City of Fond du Lac and our employees to return employees to work as soon as they are physically able. Working together with the physician, injured employees can heal and return more quickly to productive employment. If you are interested in reviewing the job description before making return to work recommendations, please contact us at 920-322-3624 and we will fax the information to you.

Please provide "Return to Work Recommendations" and list any applicable work restrictions. Fax your first report immediately to 920-322-3421 and provide the written instructions/form to the employee. After treatment, it is the employee's responsibility to provide the written information to his/her supervisor immediately after each doctor's visit.

If you have questions regarding this injury or alternative duties available, please contact the City of Fond du Lac Human Resources department.

Thank you for your assistance.

**Jackie Braatz | Human Resources Dept
City of Fond du Lac
920-322-3624**

If injury is not covered under Workers Compensation Law, liability is limited to payment for your first examination and report.